

EXHIBIT U

ATTACHMENT 6: RISK MANAGEMENT

Attached is the original Risk Analysis which was prepared in 2000.
The Risk Analysis will be updated according to ISO 14971: 2007. Once it is available, this section will be updated.

ETHICON, INC.

a Johnson & Johnson company

P.O. BOX 151
SOMERVILLE, NEW JERSEY 08876-0151

November 11, 2000

Soft Prolene Mesh Device Final Design Safety Analysis (DDSA) - Summary

Overview:

The Soft PROLENE Mesh product is a single use (functioning as a bridging material) polypropylene mesh product that will be provided sterile, packaged ready for use.

An intermediate DDSA was completed and approved by the development team in March of 2000.

Intermediate DDSA Approvers:

J. O'Malley - Product Marketing
C. Whiteman - Process/Manufacturing Engineering
M. Pamphille - Corp. Quality Engineering
K. Lessig - Regulatory Affairs
G. O'Brien - Cornelia Quality Engineering
R. Rousseau - R&D

Also, a review of complaints for similar products (Mersilene and Prolene Mesh) was conducted in September of 2000 for Human Factors. (See attached report)

Conclusions:

There are 5 hazards, all at an acceptable level.
No risk reduction was required.

Assumptions:

Assumptions are contained in the DDSA form (Pg. 14).

Matt McGill

Matt McGill
Quality Engineer

ETHICON, INC.

a Johnson & Johnson company

P.O. BOX 151
SOMERVILLE, NEW JERSEY 08876-0151*September 5, 2000*

TO: Matthew McGill

FROM: R. Rousseau

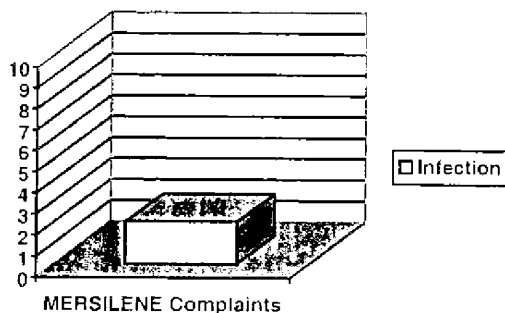
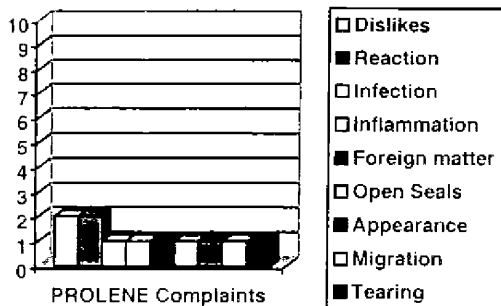
CC:

Subject: **Soft PROLENE Mesh - Complaint Review of Similar Products for Human Factors**

Matt,

As we had discussed during the project team meeting, held on 08/23/00, I have received an updated list of the product complaints for the standard PROLENE Mesh and for Mersilene Mesh from the World Wide Quality department(attached). The complaint listing was for the time period of May 1999 through August 2000. During this time there were a total of eleven (11) complaints for the PROLENE Mesh and two (2) complaints for the Mersilene Mesh product.

The type of complaints that were received are plotted in the following histograms:



The sales for this time period were also provided by Kiko Morillo (attached). During this time frame, 179,126 sheets of PROLENE mesh and 7940 sheets of Mersilene mesh were sold. Based upon these sales results, the complaint rate for PROLENE mesh was 0.006% and for Mersilene mesh was 0.025 %.

The lack of a single complaint type / trend indicates that Human factors induced failure modes are not typical in either the heavy weight(PROLENE) or light weight(Mersilene) meshes. If you have any questions, please contact me at 3215.

Robert Rousseau

Staff Engineer, Suture Technologies


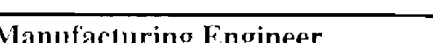


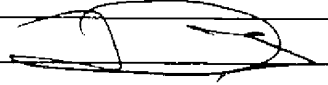
| prod_cd | lot_no | complaint | complaint_rcvd_mode | event_dt | alert_dt | fmly_cd | cat_desc_txt | cat_desc_lqty_invid_e cat_lv1_cc cat_lv2_cd |
|---------|--------|------------|---------------------|----------|---------------|---------|----------------|---|
| 99999M1 | UNK | 10005768 C | N | UNK | 5/10/2000 IM1 | | Suture Related | INFECTION 1 1 19 |
| 99999M1 | UNK | 10005049 C | L | UNK | 3/17/2000 IM1 | | Suture Related | INFECTION 1 1 19 |

| prod_cd | lot_no | complaint_no | complaint_file_stat_cd | rcvd_mode_cd | event_dt | alert_dt | cls_dt | cls_oper_id | complaint_tvp_dt | crt_dt | add_dt | updt_dt | fmly_cd | cat_desc_txt | cat_desc_txt | qty_invd_mi |
|---------|---------|--------------|------------------------|--------------|------------|-----------------------------------|--------------------------------|-------------|--------------------------------|----------|--------------------------------|--------------------------------|---------|------------------|-----------------------|-------------|
| PMH | MGE034 | 10001987 | C | P | | 8/16/99 13/04/54 09/24/1999 | 9/13/99 14/51/10 10/4/99 | ADONETZ | 8/16/99 13/04/54 10/4/99 | 13/04/54 | 8/16/99 13/04/54 10/4/99 | 9/13/99 14/51/10 10/4/99 | P6 | Suture Related | APPEARANCE | 1 |
| PMH | UNK | 10002319 | C | F | | 9/24/99 00/00/00 | 10/4/99 15/45/42 | JROSADO | 10/4/99 15/12/14 | 10/4/99 | 10/4/99 | 10/4/99 | P8 | Suture Related | DISLIKES PRODUCT | 1 |
| PML | UNK | 20001767 | C | F | UNK | 1/24/00 00/00/00 | 2/14/00 17/12/45 | SSPOKANE | 1/28/00 10/13/54 | 10/13/54 | 10/13/54 | 2/14/00 | P6 | Suture Related | DISLIKES PRODUCT | 1 |
| PMS | UNKNOWN | 20001098 | C | F | Unknown | 7/24/99 00/00/00 | 8/12/99 09/14/12 | LBERGER | 7/28/99 12/22/43 | 10/13/54 | 7/28/99 12/22/43 | 8/12/99 | P6 | Suture Related | INFECTION | 1 |
| PMI | UNK | 10001386 | C | P | 05/03/1998 | 5/3/99 00/00/00 | 5/24/99 10/06/01 | ADONETZ | 5/6/99 11/06/52 | 5/6/99 | 5/6/99 | 5/24/99 | P6 | Suture Related | REACTION (Do not use) | 1 |
| 99999PB | UNK | 10001381 | C | P | UNK | 5/4/99 16/10/40 | 5/24/99 09/20/21 | ADONETZ | 5/4/99 16/10/40 | 5/4/99 | 5/4/99 | 5/24/99 | P8 | Suture Related | REACTION (Do not use) | 1 |
| PMI | MX3906 | 10003408 | C | P | 04/12/2000 | 4/12/00 00/00/00 | 5/24/00 15/02/17 | ADONETZ | 4/13/00 14/32/20 | 4/13/00 | 4/13/00 | 5/24/00 | P6 | Suture Related | TEARING | 1 |
| PMM | GB2013 | 10001662 | C | P | UNK | 6/3/99 00/00/00 | 4/11/00 10/42/20 | ADONETZ | 6/18/99 08/21/28 | 6/18/99 | 6/18/99 | 4/11/00 | P8 | Suture Related | Migration of Mesh | 1 |
| 99999PB | UNK | 10003348 | C | F | 12/07/1999 | 1/20/00 14/51/53 | 3/7/00 15/53/11 | ADONETZ | 1/20/00 14/51/53 | 1/20/00 | 1/20/00 | 3/7/00 | P8 | Suture Related | Inflammation | 1 |
| PMH | LPP778 | 10003263 | C | F | 11/10/1999 | 11/12/99 00/00/00 | 12/20/99 15/17/35 | LDEJESU | 11/15/99 18/19/26 | 11/15/99 | 11/15/99 | 12/20/99 | P8 | Suture Packaging | FOREIGN MATTER | 1 |
| PHSE | LG8439 | 10001729 | C | P | UNK | 6/29/99 12/39/44 | 8/25/99 15/31/17 | JROSADO | 6/29/99 12/39/44 | 6/29/99 | 6/29/99 | 8/25/99 | P8 | Suture Packaging | OPEN SEALS | 1 |

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 Appendix I

PRODUCT DEVICE DESIGN SAFETY ASSESSMENT (DDSA) APPROVAL PAGE

| | |
|--|---|
| DESIGN SAFETY ASSESSMENT | REVISION: 2 |
| | REVISION DATE: 11/8/00 |
| Product Name: | Soft PROLENE Mesh |
| Product Code: | SPMXS (1x4), SPMS (2.5x4.5), SPMII (3x6), SPMH (6x6), SPMLI (10x10), SPMXXL (12x14) |
| RMC: | N/A |
| Project Leader: | Robert A. Rousseau |
| ANALYSIS TEAM | ASSOCIATE NAME |
| Development Engineer/Scientist: | Robert A. Rousseau |
| Process Engineer: | Charlotte Whiteman |
| Quality Assurance Engineer: | Matt McGill |
| Regulatory Affairs: | Karen Lessig |
| Product Marketing: | Kiko Morillo |
| DISPOSITION/APPROVAL: | |
|  Development Engineer/Scientist | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. |
|  Manufacturing Engineer | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> Yes; <input type="checkbox"/> No. |
|  Quality Assurance Engineer | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. |
|  Regulatory Affairs | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. |
| Medical Director: |  11/14/00 |

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PRODUCT DEVICE DESIGN SAFETY ASSESSMENT (DDSA) APPROVAL PAGE

| | |
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| Process Engineer: | Charlotte Whiteman |
| Quality Assurance Engineer: | Matt McGill |
| Regulatory Affairs: | Karen Lessig |
| Product Marketing: | Kiko Morillo |
| DISPOSITION/APPROVAL: | |
| | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> : Yes; <input type="checkbox"/> : No. |
| Development Engineer/Scientist | |
| <i>Charlotte Whiteman</i> | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> : Yes; <input type="checkbox"/> : No. |
| Manufacturing Engineer | |
| | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> : Yes; <input type="checkbox"/> : No. |
| Quality Assurance Engineer | |
| | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> : Yes; <input type="checkbox"/> : No. |
| Regulatory Affairs | |
| Medical Director: _____ | |

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DEVICE DESIGN SAFETY ASSESSMENT (DDSA) SUMMARY REPORT
(Revision 2)

DEVICE: *(Provide a description of the overall device system)* A non-absorbable polypropylene mesh, manufactured out of 3.5-mil diameter PROLENE* monofilament fiber. The product is used to span and reinforce traumatic or surgical wounds to provide extended support during and following wound healing (see attached Product Insert)

SCOPE of the DESIGN SAFETY ASSESSMENT: *(Define the scope of this risk assessment)*

This risk assessment was completed on (check one): X Device Subsystem Component

This DDSA is applicable to the Soft PROLENE mesh product and will identify any hazards associated with this new product offering.

Define the intended use of the reviewed item:

This mesh may be used for the repair of hernia or other fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result (see attached Product Insert)

Briefly describe the revision to the device or sub-system which preceded a revision to the DDSA:

The standard non-absorbable polypropylene mesh currently marketed is manufactured out of 5-mil PROLENE monofilament fiber. The construction utilized for the Soft PROLENE mesh is manufactured out of 3.5-mil monofilament fiber with a new knit pattern. This new pattern, coupled with the finer diameter fiber, yields a mesh product with larger porosity, lower fabric density and improved flexibility. Revision 2 is the final DDSA.

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| ACTIVITY | YES/NO /NA | FILE REFERENCE | COMMENT |
|---|---------------|--|---|
| All qualitative and quantitative characteristics that could affect safety have been listed including their defined limits. | YES | D&D Plan & Material Specification #729-007 | Statement of Requirements & Product Characteristics |
| The intended use of the device is clearly defined, including: Indications/Contraindications and intended use The intended user, his required skill and training Interaction of device with the patient as user: The operational, transport, cleaning and storage environments have been considered: | YES | Product Insert - | Indications Same as for Standard PROLENE Mesh and Mersilene Mesh |
| Long term use of equivalent product has been considered from both the positive and negative perspective. Clinical/Scientific reports, both internal and published: Device failure reports: | YES | See Performance Requirements/Clinical applications of D&D | Raw Materials and Indications for device are the same as Standard PROLENE mesh. |
| The contact conditions and timing with the patient have been considered. | YES | See Performance Requirements/Clinical applications of D&D | Raw Materials and Indications for device are the same as Standard PROLENE mesh. |
| Materials and components used for fabrication and manufacture have been considered. Chemical nature, quantitative formulation, additives, processing aids, monomers, catalysts, residues: Concentration, availability, toxicity: Biodegradation aging and corrosion: Previous use of this material, and long term effectiveness in equivalent application can be demonstrated: Appropriate Biocompatibility testing to EN 30993: | YES | Soft PROLENE Mesh Biocompatibility Strategy | Raw materials are chemically unchanged – The Standard PROLENE Resins utilized in clear and blue pigmented sutures have been utilized in the fabrication of this mesh. |
| The sterility of the device and its potential reuse, number of resterilizations possible and sterilization method, device storage, shelf-life, and disposal have been considered. | YES | Product Insert -- Warnings section & 1) Sterilization 2) Storage Stability | Raw materials are unchanged – Standard PROLENE Resin |

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| | | | Strategy | |
|--|-----|--|---------------------------------|--|
| The accuracy and precision of measurement parameters and their interpretation has been considered. | N/A | | N/A | N/A |
| The need for routine maintenance or calibration, and the method of provision has been considered. | N/A | | N/A | N/A |
| Interactions with other devices or drugs, and any potential problems have been considered. | YES | | N/A | Raw materials are chemically unchanged – The Standard PROLENE Resins utilized in clear and blue pigmented sutures have been utilized in the fabrication of this mesh. |
| Delayed or long term use, ergonomic and accumulative effects have been considered | YES | | N/A | Raw materials are chemically unchanged. The revised construction exceeds the burst and suture pullout strengths of Mersilene Mesh and exhibits a flexibility that is greater than Mersilene Mesh and lower than standard PROLENE mesh. Based upon the mechanical and chemical criteria utilized to develop this material, negative tissue responses or new negative long term implant effects are not anticipated. |
| A PBOM has been defined. | YES | | N/A | |
| A requirement or finished goods specification is available. | YES | | D&D – Statement of Requirements | FG729-002 will be revised |
| Manufacturing and Material specifications are available. | YES | | N/A | MS 729-007 drafted. |
| Surgical technique, labels, warnings and other instructions for use (cleaning, sterilization, use, maintenance, and disposal) are available. | YES | | Product Insert | See package Insert |
| Device marketing brochures, or other sales literature, have been considered. | Yes | | Indications&Claims Defined | Sales Literature to be developed |

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QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|-------------------|--|----------|-----|--|
| | | N/A | YES | |
| 1 Intended Use | 1) Is special training of the intended user needed? | X | | If yes, please attach training plan |
| | 2) Does use of the device impose any ergonomic factors or effects? | X | | If yes, please attach plan. |
| | 3) Are there any environmental factors that could influence safety/function of the device? | X | | If yes, please define the limits. |
| | 4) Can the patient control or influence the use of the device? | X | | If yes, please define the training plan for the user. |
| | 5) Is device safety/functionality compromised based upon the patient (such as elderly, diabetic, handicapped, or other)? | X | | If yes, please define the nature of the compromise and the limits. |
| 2 Patient Contact | 6) Does device use utilize surface contact to the patient? | | X | Permanent prosthetic implant. |
| | 7) Does device use utilize invasive contact with the patient? | | X | Permanent prosthetic implant. |
| | 8) Does device use require implantation? | | X | Permanent prosthetic implant. |
| 3 Materials | 9) Define the materials utilized in the construction of the device. Highlight those materials that will involve direct patient contact | | X | Prolene - Polypropylene (blue pigmented and clear). The processes utilized in the manufacture of the material are unchanged relative to standard PROLENE mesh. |
| | 10) Have the materials been tested for toxicity and biocompatibility? | | X | DHP: Biocompatibility section ... 12/2/99 memo from T. Barbolt. |
| | 11) Have the materials been tested for carcinogenicity, teratology, and mutagenicity (as appropriate)? | X | | No change to raw materials from standard PROLENE. |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|----------------|---|-------------------------------------|-------------------------------------|---|
| | | N/A | YES | |
| 4 Energy | 12) Is the strength of load-bearing materials sufficient for the intended use? | | <input checked="" type="checkbox"/> | The Soft PROLENE Mesh is indicated for the same applications as Mersilene Mesh. The material exceeds the strength specification for Mersilene Mesh - MS726-001 and has greater suture pull-out strength than Mersilene. |
| | 13) Is energy delivered to and/or extracted from the patient? | <input checked="" type="checkbox"/> | | If no, proceed to the next section. |
| | 14) Describe the type of energy transferred. | | | |
| | 15) Is the energy output is controlled, in terms of quality, quantity, and time-function | | | |
| | 16) Are substances delivered to and/or extracted from the patient? | | <input checked="" type="checkbox"/> | Soft PROLENE Mesh |
| 5 Substances | 17) Is the device absorbable? | <input checked="" type="checkbox"/> | | If yes, please attach a listing of all by-products produced during the devices in-situ degradation |
| | 18) If the device is absorbable, have all of the materials identified above been tested for biocompatibility at the appropriate concentrations? | <input checked="" type="checkbox"/> | | If yes, please identify the location of appropriate reports. |
| | 19) Is the transfer rate (delivery/extraction) of substances controlled? | <input checked="" type="checkbox"/> | | If yes, please describe how the transfer rate is controlled. |
| | 20) What is the maximum/minimum substance transfer rate? | | | If appropriate, please attach required information. |
| | | | | |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|--------------------------------|--|----------|-----|---|
| | | N/A | YES | |
| 6 Biological Materials | 21) Are biological materials processed by the device for subsequent re-use? | X | | If not, proceed to the next section. |
| | 22) Is the device disposable? | | | |
| | 23) Are those components contacting biological materials cleanable and sterilizable? | | | If yes, please specify location of reports. |
| | 24) Are those components contacting biological materials compatible? | | | If yes, please specify location of reports. |
| | 25) Is the device supplied sterile? | | X | If not, please proceed to the next section. |
| 7 Sterility - Supplied Sterile | 26) Identify the method of sterilization | | | Ethylene Oxide - Cycle "J". DHF: Sterility Section - Memo from D. Lasslett. |
| | 27) Is the sterilization method compatible with the materials? | | X | No change to existing polymer. Heat setting process, utilized to stabilize the mesh is executed at a temperature approximately three times as great as the temperatures experienced in sterilization. |
| | 28) Are the materials stable after sterilization? | | X | No change to existing materials. |
| | 29) Is the device design sterilizable? | | X | No change to existing materials. |
| | 30) Is the package designed to provide for sterilization of the device? | | X | Packaging unchanged from standard PROLENE Mesh. |
| | 31) Has the shelf life of the system been determined? | | X | No change to existing materials - DHF: Storage Stability Committee meeting minutes - 12/9/99. |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|---|---|----------|-----|---|
| | | N/A | YES | |
| 8 Sterility - Supplied Non- Sterile | 32) Is the device re-usable? | X | | If not, please proceed to the next section. |
| | 33) Are there limitations to the number of re-use cycles? | X | | If yes, please specify location of reports. |
| | 34) Are there restrictions to sterilization methods utilized by the user of the device? | X | | If yes, please specify location of reports. |
| | 35) Is the device to be sterilized by the user? | X | | If not, please proceed to the next section. |
| | 36) Is the method of sterilization and cycle parameters defined? | | | If yes, please specify location of reports. |
| 9 Environment | 37) Is the packaging of the product during sterilization specified? | | | If yes, please specify location of reports. |
| | 38) Does sterilization validation data exist for the recommended sterilization cycle? | | | If yes, please specify location of reports. |
| | 39) Were other methods of sterilization examined? | | | If yes, please specify location of reports. |
| | 40) Has the shelf life of the system been determined? | | | If yes, please specify location of reports. |
| | 41) Is the device intended to modify the patient environment? | X | | If not, please proceed to the next section. |
| | 42) What is the effect of temperature on the system performance? | | | If yes, please specify location of reports. |
| | 43) What is the effect of humidity on the system performance? | | | If yes, please specify location of reports. |
| | 44) What is the effect of atmospheric gas concentration on system performance? | | | If yes, please specify location of reports. |
| | 45) What is the effect of pressure on system performance? | | | If yes, please specify location of reports. |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|---|---|----------|-----|---|
| | | N/A | YES | |
| 10 Measurements | 46) Does the device make measurements? | X | | If not, please proceed to the next section. |
| | 47) Is there interference of the desired parameter with other possible measurements? | | | If yes, please specify location of reports. |
| | 48) Is the accuracy of the measurement known at point of use? | | | What is the accuracy? |
| | 49) Is the precision of the measurement known? | | | What is the precision? |
| 11 Interpretive | 50) Are conclusions presented by the device based upon measurements, input, or acquired data? | X | | If yes, please specify location of software validation reports. |
| 12 Interactions | 51) Is the device intended to control or interact with other devices or drugs? | X | | If not, please proceed to the next section. |
| | 52) If the device is used with other devices or drugs, is there a potential interaction? | X | | If yes, please specify |
| | 53) Does the interaction render any safety or functional changes to the device? | | | If yes, please specify |
| | 54) Does the interaction render any safety or functional changes to the other device? | | | If yes, please specify |
| 13 Extraneous Unwanted Energy or Substances | 55) Are there any unwanted outputs of energy or substances? | X | | If not, please proceed to the next section. |
| | 56) Does noise affect the device output? | | | If yes, please define the limits. |
| | 57) Does vibration affect the device output? | | | If yes, please define the limits. |
| | 58) Does heat affect the device output? | | | If yes, please define the limits. |
| | 59) Does ionizing radiation affect the device output? | | | If yes, please define the limits. |
| | 60) Does non-ionizing radiation affect the device output? | | | If yes, please define the limits. |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|-----------------------------|---|----------|-----|---|
| | | N/A | YES | |
| | 61) Does UV/visible/IR radiation affect the device output? | | | If yes, please define the limits. |
| | 62) Do leakage currents affect the device output? | | | If yes, please define the limits. |
| | 63) Do electric/magnetic fields affect the device output? | | | If yes, please define the limits. |
| | 64) Do contact temperatures affect the device output? | | | If yes, please define the limits. |
| | 65) Does discharge of chemicals affect the device output? | | | If yes, please define the effect. |
| | 66) Does discharge of waste products affect the device output? | | | If yes, please define the effect. |
| | 67) Does discharge of body fluids affect the device's output? | | | If yes, please define the effect. |
| 14 Environmental Influences | 68) Is the device susceptible to environmental influences? | X | | If not, please proceed to the next section. |
| | 69) Do shipping temperatures affect device safety or functionality? | | | If yes, please state the limits. |
| | 70) Does storage temperatures, humidity, or light affect device safety or functionality? | | | If yes, please state the limits. |
| | 71) Does spillage on the device affect safety or functionality? | | | If yes, please state the limits. |
| | 72) Do fluctuations in the power affect the device output or safety? | | | If yes, please state the limits. |
| | 73) Does variation in the operating temperature, humidity, or light affect the device output or safety? | | | If yes, please state the limits. |
| | 74) Does variation in the operating humidity affect the device output of safety? | | | If yes, please state the limits. |
| | 75) Are there essential consumables or accessories associated with the device? | X | | If yes, please specify |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|-----------------------------|--|----------|-----|---|
| | | N/A | YES | |
| 16 Preventative Maintenance | 76) Is preventative maintenance necessary? | X | | If not, please proceed to the next section. |
| | 77) Can the operator perform preventative maintenance? | | | |
| | 78) Is a specialist needed to perform preventative maintenance? | | | |
| | 79) Is calibration necessary? | X | | If not, please proceed to the next section. |
| 17 Calibration | 80) Can the operator calibrate the device? | | | |
| | 81) Is an external calibration of the device needed? | | | |
| | 82) Is the calibration frequency defined? | | | |
| | 83) Does the device contain software? | X | | If not, please proceed to the next section. |
| 18 Software | 84) Can the operator access the software code? | | | |
| | 85) Are there means to prevent the operator from modifying the code? | | | |
| | 86) Does the device have a restricted shelf life? | | X | 5 years - No change to existing materials - DHP: Storage Stability Committee meeting minutes - 12/9/99. |
| | 87) Does the package contain an indicator for stability? | | X | Expiration date labeling 95 years). |
| 20 Long-term Effects | 88) Are there any delayed or long-term user effects? | X | | If yes, please specify. |
| | ADD ADDITIONAL CHARACTERISTICS, AS NEEDED | | | |
| | | | | |
| | | | | |

Soft Prolene Mesh DDSA, Rev. 2

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Appendix IV

USE RELATED HAZARDS

| Place an "X" in the box appropriate for the device being evaluated. | RESPONSE | | ACTION |
|---|----------|----------|---|
| | NO | YES | |
| 1) Have safety or efficacy issues occurred in the use of predicate, or other similar, devices? | X | | If yes, explain how this design mitigates issues. |
| 2) Could the user incorrectly setup the device that may potentially result in a safety or efficacy event? | X | | If yes, explain actions needed to address this event |
| 3) Identify the critical steps in setting up and operating the device. Can these functions be performed adequately by all of the intended users? | | X | See steps at the end of this checklist. |
| 4) Does this device replace an existing device for the same medical procedure or indication for use? | | X | If yes, continue to #5; if no, continue to #7 |
| 5) Does the device visually resemble the existing device? | | X | If yes, continue to #6; if no, continue to #7 |
| 6) Will the device operate as intended if it is operated in the manner utilized for the existing device? | | X | If yes, continue to #7; if no, explain ramifications. |
| 7) Is the user likely to use the device in a manner other than that described in the Instructions for Use? | X | | If yes, explain ramifications |
| 8) Is special training needed for the safe and effective use of the device? | X | | If yes, provide plan for accomplishing this training |
| 9) If storage and maintenance requirements are not followed, could use of the device result in an unsafe or ineffective use? | X | | If yes, provide plan to mitigate the event. |
| 10) Is safe and effective use of the device complex? Under high stress conditions, could the user become confused such that the device results in an unsafe condition? | X | | If yes, provide plan to mitigate the event |
| 11) Are the auditory and visual alarms appropriate for all users and use environments? | X | | Device is an implant and does not have alarms. |
| 12) If necessary device accessories are expired, damaged, missing, or different from those recommended, could use of the device result in an unsafe or ineffective treatment? | X | | No accessories required for use. |
| 13) Is safe operation of the device resistant to "typical" handling? | | X | If no, provide plan to mitigate the event |

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Appendix IV

USE RELATED HAZARDS

| | | | |
|--|---|--|---|
| 14.) Could device safety be affected if power is lost or disconnected (inadvertently or purposefully); if its battery is damaged, missing or dead? | X | | If yes, provide plan to mitigate the event |
| 15.) Is the status of the device's connection to the patient apparent where necessary? | X | | Device is an implant and does not connect to the patient for feedback/monitoring. |

¹Critical steps in setting up and operating the device:

First the mesh is pulled for the case. The circulating nurse makes sure that the proper product was pulled for the case prior to introducing it to the sterile field. The scrub nurse will either grab it out of the packet or let it fall on the mayo stand. The mesh is then given to the surgeon by the scrub nurse. If the scrub is familiar with the surgeon's needs he or she may cut or modify the mesh for the surgeon. If not, the surgeon may cut or modify to fit his needs then insert it in the patient. Then the surgeon may attach it in place using sutures, staples or a tacker.

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Appendix V

DEVICE DESIGN SAFETY ASSESSMENT (DDSA) FORM
Soft PROLENE Mesh Project: Intermediate - Revision 1

| LINE NUMBER | HAZARD | SEVERITY of HARM | PROBABILITY of HAZARD | RISK LEVEL | FAULT CLASS | COMMENT | REFERENCES |
|-------------|------------------------------------|------------------|-----------------------|------------|-------------|--|--|
| 1 | Loss of Mechanical Integrity | 3 | 1 | II | C | Risk acceptable, Material is stronger than Mersilene Mesh with same indications. No action required. | DHF: D&D Statement of Requirements, Material must exceed strength criteria of Mersilene Mesh (MS726-001) |
| 2 | Unavailable Operating Instructions | 1 | 2 | I | C | Risk is acceptable, unchanged relative to currently marketed device. No Action required. | N/A |
| 3 | Fraying | 1 | 2 | II | C | Risk acceptable, the resistance to fraying is improved relative to currently marketed Mersilene. No action required. | Three bar knitting, by design, limits the ability of the fibers to fray along the edges of the mesh. |
| 4 | Tearing | 2 | 2 | II | C | Risk acceptable, improved relative to currently marketed Mersilene mesh. No action required. | DHF: D&D statement of requirements and bench-top feasibility test reports. |
| 5 | Suture Pull out | 2 | 2 | II | M | Risk acceptable, improved relative to currently marketed Mersilene mesh. No action required. | DHF: Feasibility bench-top test report from Ethicon GmbH. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Assumptions:

- 1) Only Personnel skilled in surgery have access to the device.
- 2) Biocompatibility and toxicology issues are proven as non-existent for PROLENE material.
- 3) Intended use is defined as implantation for abdominal wall repair.
- 4) Existing Mersilene mesh product is suitable for intended applications based upon historical results.
- 5) Hazards listed are new and unique to the new construction device, packaged as intended to be marketed, relative to Mersilene mesh product

PROLENE® Soft

Polypropylene Mesh

Nonabsorbable Synthetic Surgical Mesh



DESCRIPTION

PROLENE® Soft polypropylene mesh is constructed of knitted filaments of extruded polypropylene identical in composition to that used in PROLENE® Polypropylene Suture, Nonabsorbable Surgical Sutures, U.S.P. (ETHICON, INC.). The mesh affords excellent strength, durability, and surgical adaptability, with sufficient porosity for necessary tissue ingrowth. Blue PROLENE monofilaments have been incorporated to produce contrast striping in the mesh. The mesh is constructed of reduced diameter monofilament fibers, knitted into a unique design that results in a mesh that is approximately 50 percent more flexible than standard PROLENE mesh. This material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use.

PROLENE Soft mesh is knitted by a process which interlinks each fiber junction and which provides for elasticity in both directions. This construction permits the mesh to be cut into any desired shape or size without unraveling. The bi-directional elastic property allows adaptation to various stresses encountered in the body.

ACTIONS

PROLENE Soft mesh is a nonabsorbable mesh used to span and reinforce traumatic or surgical wounds to provide extended support during and following wound healing. Animal studies show that implantation of PROLENE mesh elicits a minimum to slight inflammatory reaction, which is transient and is followed by the deposition of a thin fibrous layer of tissue which can grow through the interstices of the mesh, thus incorporating the mesh into adjacent tissue. The mesh remains soft and pliable, and normal wound healing is not noticeably impaired. The material is not absorbed, nor is it subject to degradation or weakening by the action of tissue enzymes.

INDICATIONS

This mesh may be used for the repair of hernia or other fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result.

CONTRAINDICATIONS

When this mesh is used in infants or children with future growth potential, the surgeon should be aware that this product will not stretch significantly as the patient grows.

PROLENE Soft mesh in contaminated wounds should be used with the understanding that subsequent infection may require removal of the material.

WARNINGS

PROLENE Soft mesh is provided by ETHICON, INC. as a sterile product. Re-sterilization of the device is NOT recommended. However, testing has demonstrated that unused PROLENE Soft mesh that has been removed from the package and reprocessed will not be adversely affected when exposed not more than one time to conventional steam autoclave conditions of 250°F (121°C) for 20 minutes. Processing under any other condition or by any other means is neither recommended nor endorsed by ETHICON, INC. PROLENE Soft mesh should not be flash autoclaved.

If this product should become stained with blood or soiled, it should not be re-sterilized for reuse.

When reprocessed as outlined above, it is the responsibility of the end-user to assure sterility of the product via a validated sterilization process, as ETHICON, INC. has no control over environmental conditions the product may encounter prior to, during, or after reprocessing.

PRECAUTIONS

A minimum of 6.5mm (1/4") of mesh should extend beyond the suture line.

ADVERSE REACTIONS

Potential adverse reactions are those typically associated with surgically implantable materials, including infection, potential inflammation, adhesion formation, fistula formation, and extrusion.

INSTRUCTIONS FOR USE

It is recommended that nonabsorbable sutures be placed 6.5mm to 12.5mm (1/4" to 1/2") apart at a distance approximately 6.5mm (1/4") from edge of the mesh. Some surgeons prefer to suture an inner section of mesh that is considerably larger than the defect into position over the wound. The opposite sides are then sutured to assure proper closure under correct tension. When the margin sutures have all been placed, the extra mesh is trimmed away.

HOW SUPPLIED

PROLENE Soft mesh is available in single packets as sterile, clear sheets with blue stripes.

ETHICON, INC.

a Johnson & Johnson company
Somerville, New Jersey 08876-0151

393578
Trademark

Made in U.S.A.
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Appendix I

PRODUCT DEVICE DESIGN SAFETY ASSESSMENT (DDSA) APPROVAL PAGE

| | |
|---|-------------------------------|
| DESIGN SAFETY ASSESSMENT | REVISION: 1 |
| | REVISION DATE: 3/20/00 |
| Product Name: | Soft PROLENE Mesh |
| Product Code: | N/A |
| RMC: | N/A |
| Project Leader: | Robert A. Rousseau |
| ANALYSIS TEAM | ASSOCIATE NAME |
| Development Engineer/Scientist: | Robert A. Rousseau |
| Manufacturing/Technical Services Engineer: | Charlotte Whiteman |
| Quality Assurance Engineer: | Michaelle Pamphile/G. O'Brien |
| Regulatory Affairs: | Karen Lessig |
| Product Marketing: | Jody O'Malley |
| DISPOSITION/APPROVAL: | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> Yes; <input type="checkbox"/> No. | |
| Development Engineer/Scientist | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> Yes; <input type="checkbox"/> No. | |
| Manufacturing Engineer | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. | |
| Quality Assurance Engineer | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> Yes; <input type="checkbox"/> No. | |
| Regulatory Affairs | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> Yes; <input type="checkbox"/> No. | |

Medical Director:

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Appendix I

PRODUCT DEVICE DESIGN SAFETY ASSESSMENT (DDSA) APPROVAL PAGE

| | | |
|---|--|---|
| DESIGN SAFETY ASSESSMENT | | REVISION: 1 |
| Product Name: | | REVISION DATE: 3/20/00 |
| Product Code: | | Soft PROLENE Mesh |
| RMC: | | N/A |
| Project Leader: | | N/A |
| ANALYSIS TEAM | | Robert A. Rousseau |
| Development Engineer/Scientist: | | ASSOCIATE NAME |
| Manufacturing/Technical Services Engineer: | | Robert A. Rousseau |
| Quality Assurance Engineer: | | Charlotte Whiteman |
| Regulatory Affairs: | | Michaëlle Pamphile/G. O'Brien |
| Product Marketing: | | Karen Lessig |
| DISPOSITION/APPROVAL: | | Jody O'Malley <i>Jody O'Malley 3/27/00 Accept</i> |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one.) Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| Development Engineer/Scientist | | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one.) Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| Manufacturing Engineer | | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one.) Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| Quality Assurance Engineer | | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one.) Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| Regulatory Affairs | | |
| I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one.) Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| Medical Director: | | |

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Appendix I

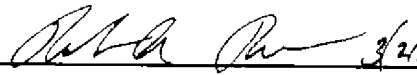



PRODUCT DEVICE DESIGN SAFETY ASSESSMENT (DBSA) APPROVAL PAGE

| | |
|---|---|
| DESIGN SAFETY ASSESSMENT | REVISION: 1 |
| | REVISION DATE: 3/20/00 |
| Product Name: | Soft PROLENE Mesh |
| Product Code: | N/A |
| RMC: | N/A |
| Project Leader: | Robert A. Rousseau |
| ANALYSIS TEAM | ASSOCIATE NAME |
| Development Engineer/Scientist: | Robert A. Rousseau |
| Manufacturing/Technical Services Engineer: | Charlotte Whiteman |
| Quality Assurance Engineer: | Michaëlle Pamphile/G. O'Brien |
| Regulatory Affairs: | Karen Lessig |
| Product Marketing: | Jody O'Malley |
| DISPOSITION/APPROVAL: | |
| | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use. (Check one) Yes; <input type="checkbox"/> No; <input type="checkbox"/> |
| Development Engineer/Scientist | |
| <i>Charlotte Whiteman</i> Manufacturing Engineer | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use. (Check one) Yes; <input checked="" type="checkbox"/> No; <input type="checkbox"/> |
| Quality Assurance Engineer | |
| | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use. (Check one) Yes; <input type="checkbox"/> No; <input type="checkbox"/> |
| Regulatory Affairs | |
| | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use. (Check one) Yes; <input type="checkbox"/> No; <input type="checkbox"/> |

Medical Director:

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 Appendix I

PRODUCT DEVICE DESIGN SAFETY ASSESSMENT (DDSA) APPROVAL PAGE

| | |
|---|---|
| DESIGN SAFETY ASSESSMENT | REVISION: 1 |
| | REVISION DATE: 3/20/00 |
| Product Name: | Soft PROLENE Mesh |
| Product Code: | N/A |
| RMC: | N/A |
| Project Leader: | Robert A. Rousseau |
| ANALYSIS TEAM | ASSOCIATE NAME |
| Development Engineer/Scientist: | Robert A. Rousseau |
| Manufacturing/Technical Services Engineer: | Charlotte Whiteman |
| Quality Assurance Engineer: | Michaelle Pamphile/G. O'Brien |
| Regulatory Affairs: | Karen Lessig |
| Product Marketing: | Jody O'Malley |
| DISPOSITION/APPROVAL: | |
|  3/21/00 Development Engineer/Scientist | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. |
|  3/23/00 Manufacturing Engineer | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input type="checkbox"/> Yes; <input type="checkbox"/> No. |
|  3/23/00 Quality Assurance Engineer | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. |
|  3-23-00 Regulatory Affairs | I deem this analysis to be true and a complete reflection of facts as known at the time of this analysis. I find this device design to be safe for use: (Check one) <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No. |

Medical Director: _____

DEVICE DESIGN SAFETY ASSESSMENT (DDSA) SUMMARY REPORT

(Revision 1 (Intermediate) – 3/20/00)

DEVICE: *(Provide a description of the overall device system)* A non-absorbable polypropylene mesh, manufactured out of 3.5-mil diameter PROLENE* monofilament fiber. The product is used to span and reinforce traumatic or surgical wounds to provide extended support during and following wound healing (see attached Product Insert)

SCOPE of the DESIGN SAFETY ASSESSMENT: *(Define the scope of this risk assessment)*

This risk assessment was completed on (check one): X Device Subsystem Component

This DDSA is applicable to the Soft PROLENE mesh product and will identify any hazards associated with this new product offering.

Define the intended use of the reviewed item:

This mesh may be used for the repair of hernia or other fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result (see attached Product Insert)

Briefly describe the revision to the device or sub-system which preceded a revision to the DDSA:

The standard non-absorbable polypropylene mesh currently marketed is manufactured out of 5-mil PROLENE monofilament fiber. The construction utilized for the Soft PROLENE mesh is manufactured out of 3.5-mil monofilament fiber with a new knit pattern. This new pattern, coupled with the finer diameter fiber, yields a mesh product with larger porosity, lower fabric density and improved flexibility.

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Appendix II

| ACTIVITY | YES/NO /NA | FILE REFERENCE | COMMENT |
|---|---------------|--|---|
| All qualitative and quantitative characteristics that could affect safety have been listed including their defined limits. | YES | D&D Plan & Material Specification #729-006 | Statement of Requirements & Product Characteristics |
| The intended use of the device is clearly defined, including: Indications/Contraindications and intended use The intended user, his required skill and training Interaction of device with the patient as user: The operational, transport, cleaning and storage environments have been considered: | YES | Product Insert - | Indications Same as for Standard PROLENE Mesh and Mersilene Mesh |
| Long term use of equivalent product has been considered from both the positive and negative perspective. Clinical/Scientific reports, both internal and published: Device failure reports: | YES | See Performance Requirements/Clinical applications of D&D | Raw Materials and Indications for device are the same as Standard PROLENE mesh. |
| The contact conditions and timing with the patient have been considered. | YES | See Performance Requirements/Clinical applications of D&D | Raw Materials and Indications for device are the same as Standard PROLENE mesh. |
| Materials and components used for fabrication and manufacture have been considered. Chemical nature, quantitative formulation, additives, processing aids, monomers, catalysts, residues: Concentration, availability, toxicity: Biodegradation aging and corrosion: Previous use of this material, and long term effectiveness in equivalent application can be demonstrated: Appropriate Biocompatibility testing to EN 30993: | YES | Soft PROLENE Mesh Biocompatibility Strategy | Raw materials are chemically unchanged – The Standard PROLENE Resins utilized in clear and blue pigmented sutures have been utilized in the fabrication of this mesh. |
| The sterility of the device and its potential reuse, number of resterilizations possible and sterilization method, device storage, shelf-life, and disposal have been considered. | YES | Product Insert – Warnings section & 1) Sterilization 2) Storage Stability Strategy | Raw materials are unchanged – Standard PROLENE Resin |
| The accuracy and precision of measurement parameters and their | N/A | N/A | N/A |

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| | | | |
|--|-----|---------------------------------|---|
| interpretation has been considered. | N/A | N/A | N/A |
| The need for routine maintenance or calibration, and the method of provision has been considered. | | | |
| Interactions with other devices or drugs, and any potential problems have been considered. | YES | N/A | Raw materials are chemically unchanged – The Standard PROLENE Resins utilized in clear and blue pigmented sutures have been utilized in the fabrication of this mesh. |
| Delayed or long term use, ergonomic and accumulative effects have been considered | YES | N/A | The raw materials utilized in the new mesh are chemically unchanged. The revised construction exceeds the burst and suture pullout strengths of Mersilene Mesh and exhibits a flexibility that is greater than Mersilene Mesh and lower than standard PROLENE mesh. Based upon the mechanical and chemical criteria utilized to develop this material, negative tissue responses or new negative long term implant effects are not anticipated. |
| A PBOM has been defined. | No | N/A | Will be defined during development |
| A requirement or finished goods specification is available. | YES | D&D – Statement of Requirements | FG729-002 will be revised |
| Manufacturing and Material specifications are available. | No | N/A | MS 729-006 will be revised |
| Surgical technique, labels, warnings and other instructions for use (cleaning, sterilization, use, maintenance, and disposal) are available. | YES | Product Insert | See package insert |
| Device marketing brochures, or other sales literature, have been | Yes | Indications&Claims | Sales Literature to be |

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| | | | | | | | |
|-------------|--|--|--|---------|--|--|-----------|
| considered. | | | | Defined | | | developed |
|-------------|--|--|--|---------|--|--|-----------|

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Appendix II

Assumptions:

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Appendix IX

2

CONTROL PLAN

- 1) Only Personnel skilled in surgery have access to the device.
- 2) Biocompatibility and toxicology issues are proven as non-existent for PROLENE material.
- 3) Intended use is defined as implantation for abdominal wall repair.
- 4) Existing Mersilene mesh product is suitable for intended applications based upon historical results.
- 5) Hazards listed are new and unique to the new construction device, packaged as intended to be marketed, relative to Mersilene mesh product.

QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET
Soft PROLENE Mesh Project: Intermediate - Revision 1

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 Appendix III

| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|-------------------|--|----------|-----|--|
| | | N/A | YES | |
| 1 Intended Use | 1) Is special training of the intended user needed? | X | | If yes, please attach training plan |
| | 2) Does use of the device impose any ergonomic factors or effects? | X | | If yes, please attach plan. |
| | 3) Are there any environmental factors that could influence safety/function of the device? | X | | If yes, please define the limits. |
| | 4) Can the patient control or influence the use of the device? | X | | If yes, please define the training plan for the user. |
| | 5) Is device safety/functionality compromised based upon the patient (such as elderly, diabetic, handicapped, or other)? | X | | If yes, please define the nature of the compromise and the limits. |
| 2 Patient Contact | 6) Does device use utilize surface contact to the patient? | | X | Permanent prosthetic implant. |
| | 7) Does device use utilize invasive contact with the patient? | | X | Permanent prosthetic implant. |
| | 8) Does device use require implantation? | | X | Permanent prosthetic implant. |
| 3 Materials | 9) Define the materials utilized in the construction of the device. Highlight those materials that will involve direct patient contact | | X | PROLENE - Polypropylene (blue pigmented and clear). The processes utilized in the manufacture of the material are unchanged relative to standard PROLENE Mesh. |
| | 10) Have the materials been tested for toxicity and biocompatibility? | | X | DHF: Biocompatibility Section - 12/2/99 memo from T. Barbolt |
| | 11) Have the materials been tested for carcinogenicity, teratology, and mutagenicity (as appropriate)? | X | | No change to raw materials from standard PROLENE. |
| | 12) Is the strength of load-bearing materials sufficient for the intended use? | | X | The Soft PROLENE Mesh is indicated for the same |

QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET
 Soft PROLENE Mesh Project: Intermediate - Revision 1

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|----------------|---|----------|-----|--|
| | | N/A | YES | |
| 4 Energy | | | | applications as Mersilene Mesh. The material exceeds the strength specification for Mersilene Mesh - MS726-001 and has greater suture pull-out strength than Mersilene. Based upon the improvements of the mechanical properties of the mesh, coupled with the same intended indications as Mersilene Mesh, the material will be sufficient for it's intended use. |
| | 13) Is energy delivered to and/or extracted from the patient? | X | | If no, proceed to the next section. |
| | 14) Describe the type of energy transferred. | | | |
| | 15) Is the energy output is controlled, in terms of quality, quantity, and time-function | | | |
| 5 Substances | 16) Are substances delivered to and/or extracted from the patient? | X | | If no, proceed to the next section. |
| | 17) Is the device absorbable? | | | If yes, please attach a listing of all by-products produced during the devices in-situ degradation |
| | 18) If the device is absorbable, have all of the materials identified above been tested for biocompatibility at the appropriate concentrations? | | | If yes, please identify the location of appropriate reports. |
| | 19) Is the transfer rate (delivery/extraction) of substances controlled? | | | If yes, please describe how the transfer rate is controlled. |

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QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET
 Soft PROLENE Mesh Project: Intermediate - Revision 1

| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|--------------------------------|--|----------|-----|---|
| | | N/A | YES | |
| 6 Biological Materials | 20) What is the maximum/minimum substance transfer rate? | | | If appropriate, please attach required information. |
| | 21) Are biological materials processed by the device for subsequent re-use? | X | | If not, proceed to the next section. |
| | 22) Is the device disposable? | | | |
| | 23) Are those components contacting biological materials cleanable and sterilizable? | | | If yes, please specify location of reports. |
| 7 Sterility - Supplied Sterile | 24) Are those components contacting biological materials compatible? | | | If yes, please specify location of reports. |
| | 25) Is the device supplied sterile? | | X | If not, please proceed to the next section. |
| 7 Sterility - Supplied Sterile | 26) Identify the method of sterilization | | | Ethylene Oxide - Cycle "J". DHF: Sterility Section- Memo from D.Lasslett |
| | 27) Is the sterilization method compatible with the materials? | | X | No change to existing polymer materials and the heat setting process utilized to stabilize the mesh is executed at a temperature approximately three times as great as the temperatures experienced in sterilization. |
| | 28) Are the materials stable after sterilization? | | X | No change to existing materials. |
| | 29) Is the device design sterilizable? | | X | No change to existing materials. |
| | 30) Is the package designed to provide for sterilization of the device? | | X | Packaging unchanged from Standard PROLENE Mesh. |
| | 31) Has the shelf life of the system been determined? | | X | No change to existing materials - DHF: Storage |

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 Appendix III

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QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET
Soft PROLENE Mesh Project: Intermediate - Revision I

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|---|---|----------|----------|--|
| | | N/A | YES | |
| 8 Sterility - Supplied Non- Sterile | 32) Is the device re-usable? | | X | stability Committee meeting minutes - 12/9/99 |
| | 33) Are there limitations to the number of re-use cycles? | | | If not, please proceed to the next section. |
| | 34) Are there restrictions to sterilization methods utilized by the user of the device? | | | If yes, please specify location of reports. |
| | 35) Is the device to be sterilized by the user? | X | | If yes, please specify location of reports. |
| | 36) Is the method of sterilization and cycle parameters defined? | | | If not, please proceed to the next section. |
| 8 Sterility - Supplied Non- Sterile | 37) Is the packaging of the product during sterilization specified? | | | If yes, please specify location of reports. |
| | 38) Does sterilization validation data exist for the recommended sterilization cycle? | | | If yes, please specify location of reports. |
| | 39) Were other methods of sterilization examined? | | | If yes, please specify location of reports. |
| | 40) Has the shelf life of the system been determined? | | X | No change to existing materials DHF: Storage stability Committee meeting minutes - 12/9/99 |
| 9 Environment | 41) Is the device intended to modify the patient environment? | X | | If not, please proceed to the next section. |
| | 42) What is the effect of temperature on the system performance? | | | If yes, please specify location of reports. |
| | 43) What is the effect of humidity on the system performance? | | | If yes, please specify location of reports. |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|---|---|----------|-----|---|
| | | N/A | YES | |
| 10 Measurements | 44) What is the effect of atmospheric gas concentration on system performance? | | | If yes, please specify location of reports. |
| | 45) What is the effect of pressure on system performance? | | | If yes, please specify location of reports. |
| | 46) Does the device make measurements? | X | | If not, please proceed to the next section. |
| | 47) Is there interference of the desired parameter with other possible measurements? | | | If yes, please specify location of reports. |
| | 48) Is the accuracy of the measurement known at point of use? | | | What is the accuracy? |
| 11 Interpretive | 49) Is the precision of the measurement known? | | | What is the precision? |
| | 50) Are conclusions presented by the device based upon measurements, input, or acquired data? | X | | If yes, please specify location of software validation reports. |
| 12 Interactions | 51) Is the device intended to control or interact with other devices or drugs? | X | | If not, please proceed to the next section. |
| | 52) Does the interaction render any safety or functional changes to the device? | | | If yes, please specify |
| | 53) Does the interaction render any safety or functional changes to the other device? | | | If yes, please specify |
| 13 Extraneous Unwanted Energy or Substances | 54) Are there any unwanted outputs of energy or substances? | X | | If not, please proceed to the next section. |
| | 55) Does noise affect the device output? | | | If yes, please define the limits. |
| | 56) Does vibration affect the device output? | | | If yes, please define the limits. |
| | 57) Does heat affect the device output? | | | If yes, please define the limits. |
| | 58) Does ionizing radiation affect the device | | | If yes, please define the |

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| CHARACTERISTIC | ISSUE | RESPONSE | | COMMENT |
|-----------------------------|---|----------|-----|---|
| | | N/A | YES | |
| 14 Environmental Influences | output? | | | limits. |
| | 59) Does non-ionizing radiation affect the device output? | | | If yes, please define the limits. |
| | 60) Does UV/visible/IR radiation affect the device output? | | | If yes, please define the limits. |
| | 61) Do leakage currents affect the device output? | | | If yes, please define the limits. |
| | 62) Do electric/magnetic fields affect the device output? | | | If yes, please define the limits. |
| | 63) Do contact temperatures affect the device output? | | | If yes, please define the limits. |
| | 64) Does discharge of chemicals affect the device output? | | | If yes, please define the effect. |
| | 65) Does discharge of waste products affect the device output? | | | If yes, please define the effect. |
| | 66) Does discharge of body fluids affect the device's output? | | | If yes, please define the effect. |
| | 67) Is the device susceptible to environmental influences? | X | | If not, please proceed to the next section. |
| | 68) Do shipping temperatures affect device safety or functionality? | | | If yes, please state the limits. |
| | 69) Does storage temperatures affect device safety or functionality? | | | If yes, please state the limits. |
| | 70) Does spillage on the device affect safety or functionality? | | | If yes, please state the limits. |
| | 71) Do fluctuations in the power affect the device output or safety? | | | If yes, please state the limits. |
| | 72) Does variation in the operating temperature affect the device output or safety? | | | If yes, please state the limits. |

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| CHARACTERISTIC | ISSUE | RESPONSE N/A YES | COMMENT |
|--|--|-----------------------|---|
| 15 Accessories | 73) Does variation in the operating humidity affect the device output of safety? | | If yes, please state the limits. |
| 16 Preventative Maintenance | 74) Are there essential consumables or accessories associated with the device? | X | If yes, please specify |
| | 75) Is preventative maintenance necessary? | X | If not, please proceed to the next section. |
| 17 Calibration | 76) Can the operator perform preventative maintenance? | | |
| | 77) Is a specialist needed to perform preventative maintenance? | | |
| | 78) Is calibration necessary? | X | If not, please proceed to the next section. |
| 18 Software | 79) Can the operator calibrate the device? | | |
| | 80) Is an external calibration of the device needed? | | |
| | 81) Is the calibration frequency defined? | | |
| | 82) Does the device contain software? | X | If not, please proceed to the next section. |
| | 83) Can the operator access the software code? | | |
| | 84) Are there means to prevent the operator from modifying the code? | | |
| 19 Shelf-life | 85) Does the device have a restricted shelf life? | X | 5 Years - No change to existing materials - DHE; Storage stability Committee meeting minutes - 12/9/99. |
| | 86) Does the package contain an indicator for stability? | X | Expiration date labeling (5 years). |
| 20 Long-term Effects | 87) Are there any delayed or long-term user effects? | X | If yes, please specify. |
| ADD ADDITIONAL CHARACTERISTICS, AS NEEDED | | | |

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